

EXHIBIT 46

BOB MILLER
Governor

STATE OF NEVADA

CHARLOTTE CRAWFORD
Director



CHRISTOPHER THOMPSON
Administrator

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH CARE FINANCING AND POLICY
2527 N. Carson Street
Carson City, Nevada 89706-0113
(702) 687-4775

August 18, 1998

TO: DWIGHT HANSEN, DIRECTOR, MEDICAID OPERATIONS
BLUE CROSS/BLUE SHIELD OF NEVADA

FROM: PEGGY EPIDENDIO, R.N.
CHIEF, MEDICAID REVIEW SERVICES

SUBJECT: AUTOMATED UNIT DOSE CREDIT RETURN PROCESSING
PROCEDURE MEMO 98 - 14.

The procedure for processing unit dose drugs returned for credit to the Division of Health Care Financing and Policy, Medicaid from pharmacy providers follows. The form utilized for this process is NMO 3444.

Once the form is received at Blue Cross/Blue Shield of Nevada, the lead processor refers to Medicaid system: main menu. Selects BC. Selects RTN. The processor will key in the following information:

Provider #, claims marked with X in the MPX box, NDC #, drug issue date, quantity and SUL when applicable. The screen has a delete field for deleting errors. Place an X in the DEL field. This will delete the entire line.

The processor will sign and date the copy of the pharmacy input form and provide it to the Accounting Assistant at Blue Cross/Blue Shield of Nevada for reconciliation purposes.

All BC/BSN entries will generate a Unit Dose Return update printout WL80026C.

The printouts are delivered to 1) Pharmacy Services Consultant, NMO and 2) Medicaid Accounting, Accounting Assistant, BC/BSN.

The Medicaid Accounting Assistant reconciles these entries with the Unit Dose Return Update Log, report number WL80026C. All entries are summarized on Schedule VI of the Monthly Medicaid Statement of Cash Receipts and Disbursements.

LS:rl (K:\MED\MEDWP\PROMEMO98-14.wpd)

NV 012644

pc: Steve Abba, LCB, Fiscal Division
Christopher Thompson, CPA, Administrator
April Townley, Deputy Administrator
Janice Wright, Deputy Administrator
Peggy Epidendio, R.N., Chief, Medicaid Review Services
Laurie England, Chief, Medicaid Managed Care Services
Matthew Bayan, Chief, Medicaid Program Services
John Brumley, ASOII, Budget & Statistics
Debbie Waggoner, Chief, Budget, Rates and Accounting
Medicaid Accounting
Medicaid Library
Ann Dallas
L. Tim Terry, Sr. DAG, Medicaid Fraud Control Unit
Diane Nassir, Management Analyst III, Supervisor, SURS
Jane Mathis, MSSII, SURS
Bill Cook, SWM, LV Belrose DO
Kathy Wood, SWM, Bible Way DO
Carol Tilstra, R.N., MSSII
Kristy Saranpa, Supervisor, Provider Service & Support BC/BSN
Pam Deam, Audit Manager, BC/BSN
Nancy Echante, Claims Supervisor, BC/BSN
Lynn Smith, Health Services Department, BC/BSN
Nancy Stefun, Health Services Department, BC/BSN
Jim Shiles, Supervisor, Data Entry/Clerical, BC/BSN
Romelle Hinson, Program Assistant III

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DEPARTMENT OF HUMAN RESOURCES
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2527 N. Carson Street
Carson City, Nevada 89706-0113
(702) 687-4775

August 17, 1998

TO: DWIGHT HANSEN, DIRECTOR, MEDICAID OPERATIONS
BLUE CROSS/BLUE SHIELD OF NEVADA

FROM: *[Signature]* PEGGY VEBIDENDIO, R.N.
CHIEF, MEDICAID REVIEW SERVICES

SUBJECT: AUTOMATED UNIT DOSE CREDIT RETURN PROCESSING
PROCEDURE MEMO 98 - 14

The procedure for processing unit dose drugs returned for credit to the Division of Health Care Financing and Policy, Medicaid from pharmacy providers follows. The form utilized for this process is ~~34445M~~. NMO 3444

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The processor will sign and date the copy of the pharmacy input form and provide it to the Accounting Assistant at Blue Cross/Blue Shield of Nevada for reconciliation purposes.

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DRAFT

August 11, 1998

TO: DWIGHT HANSEN, DIRECTOR, MEDICAID OPERATIONS
BLUE CROSS/BLUE SHIELD OF NEVADA

FROM: PEGGY EPIDENDIO, R.N.
CHIEF, MEDICAID REVIEW SERVICES

SUBJECT: AUTOMATED UNIT DOSE CREDIT RETURN PROCESSING
PROCEDURE MEMO 98 - *14*

The procedure for processing unit dose drugs returned for credit to the Division of Health Care Financing and Policy, Medicaid from pharmacy providers ~~is as~~ follows. The form utilized for this process is ~~3444SM~~.

Once the form is received at Blue Cross/Blue Shield of Nevada, the lead processor refers to Medicaid system: main menu. Selects BC. Selects RTN. The processor will key in the following information:

Provider #, claims marked with X in the MPX box, NDC #, drug issue date, quantity and SUL when applicable. The screen has a delete field for deleting errors. Place an X in the DEL field. This will delete the entire line.

The processor will sign and date the copy of the pharmacy input form and provide it to the Accounting Assistant at Blue Cross/Blue Shield of Nevada for reconciliation purposes.

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NV 012647

LS:r1 August 11, 1998 (K:\MED\MEDWP\PROMEMO\98dft-ls.wpd)

NV 012648

July 15, 1998

TO: Dwight Hansen, Director, Medicaid Operations
Blue Cross/Blue Shield of Nevada

FROM: Peggy Epidendio, R.N.
Chief, Medical Review Services

SUBJECT: AUTOMATED UNIT DOSE CREDIT RETURN PROCESSING
PROCEDURE MEMO 98-

The procedure for processing unit dose drugs returned for credit to the Division of Health Care Financing and Policy, Medicaid from pharmacy providers is as follows. The form utilized for this process is 34-44 SM

Once the form is received at Blue Cross/Blue Shield of Nevada , the Lead Processor refers to Medicaid system: main menu. Selects BC. Selects RTN. The processor will key in the following information:

Provider #, claims marked with X in the MPX box, NDC #, drug issue date, quantity and SUL when applicable. The screen has a delete field for deleting errors. Place an X in the DEL field This will delete the entire line.

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NV 012649

REVIEW CHECKLIST

The author of a proposed change in policy or procedure has determined that the proposed change has a potentially significant impact on your area of responsibility and has, therefore, submitted this proposed change to you for review and comment prior to further implementation. Please review the attached materials closely and respond to the author by the date requested.

I. AUTHOR	<u>Laurie Squantzoff</u>	Date	<u>2-23-98</u>
Co-Author		Date	
Co-Author		Date	
Document	<u>Unit Dose Credit Return processing</u>	Effective Date	<u>3/7/98</u>
II. REVIEWER		Return by	<u>2/27/98</u>
<u>CT ✓ Laurit 7/26</u>			
<u>NE</u>			

III. ATTACHMENTS INCLUDED FOR YOUR INFORMATION

- Social Security Act, Public Laws _____
- Federal Regulations (CFR) _____
- HCFA Regional Memorandum _____
- HCFA State Medicaid Manual _____
- Nevada Revised Statutes (NRS) _____
- State Plan Amendment _____
- Welfare Division Policy _____
- Background and Explanation _____
- Manual Transmittal Letter (MTL) _____
- Other _____

IV. AUTHOR'S CHECKLIST (To accompany submission for approval)

Reviewer's responses considered?	YES	NO	Included	YES	NO	
State Plan amendment required?	YES	NO	Obtained	YES	NO	PENDING
Welfare Board approval required?	YES	NO	Obtained	YES	NO	PENDING
Medical Care Advisory Group?	YES	NO	Obtained	YES	NO	PENDING
Attorney General review?	YES	NO	Obtained	YES	NO	PENDING
Blue Cross/Blue Shield review?	YES	NO	Obtained	YES	NO	PENDING
District Office staff review?	YES	NO	Obtained	YES	NO	PENDING
Other staff/Division input?	YES	NO	Obtained	YES	NO	PENDING
Procedure Memorandum needed?	YES	NO	Completed	YES	NO	PENDING
Provider Bulletin needed?	YES	NO	Completed	YES	NO	PENDING
System change required?	YES	NO	Completed	YES	NO	PENDING
Fiscal impact?	YES	NO				
Does this obsolete Bulletins?	YES	NO				
Does this obsolete Procedure Memo?	YES	NO				
Changing BC/BSN Billing Manual?	YES	NO				

NV 012650

COMPUTER SYSTEM CHANGE REQUEST

TO: MANAGEMENT ANALYSIS

REQUESTER: Laurie Squartsoff SYSTEM: Mainframe SUBMISSION DATE: 1/22/98

DATE REQUIRED FOR COMPLETION: _____ URGENT: YES NO

IF YES, WHY? _____

DESCRIPTION OF PROBLEM:

The Unit Dose Drug Return function needs to be set up as a Blue Cross Blue Shield Office function in order to allow the Lead Processor to enter the Drugs Returned for Credit forms

Proposed changes:

On the Medicaid System: Main Menu, please remove the Unit Dose Drug Return(RTN) function from the Central Office Functions (CO) menu and move it to the Blue Cross/Blue Shield Office Functions (BC) menu.

I verify all other affected departments have been notified of this problem/corrective action.

Signature of Chief/Responsible Person: _____

NV 012651